(person who can answer questions about the report and program)

James Betts, HOPWA Grant/Program Specialist

Certification of Continued Usage for HOPWA-Funded Facility-Based Stewardship Units

Grantees that use HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years, or the stewardship term specified by the City of Seattle Loan Agreement for the project identified below, whichever is greater. If non-substantial rehabilitation funds were used they are required to operate for at least three years. Stewardship begins once the facility is put into operation.

HUD Grant Number(s)		Operating Year for this report	From (mm/dd/yy) To (mm/dd/yy)					
WA H07-F001								
							□ V-7. □ V-9. □ V-9. ▼	V- 10.
							☐ Yr 7; ☐ Yr 8; ☐ Yr 9; X Yr 10;	
Grantee Name		Date Facility Began Operations (n	nm/dd/yy)					
City of Seattle, Human Services Depa	artment	10/8/98						
2. Number of Units and Leveraging								
Housing Assistance	Number of Units Receiving Housing Assistance with HOPWA funds	Number of units set aside and operating with other funds	Amount of Leveraging from Other Sources Used during the Operating Year					
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to applicable use	0	2						
periods			L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3. Details of Project Site								
Name of HOPWA-funded project site	Cove East Apartments							
Location/Full Address	33030 1st Avenue South,	Federal Way WA 98003, uni	ts 205 & 311					
Primary Housing Developer (Grantee Agency responsible for City Loan contract compliance regarding this Project)	Building Changes (AIDS Housing of Washington)							
Legal Property Owner	King County Housing Au	thority						
Project Zip Code(s) and Congressional District(s)	98003; 9th Cong. Dist.	15						
is the address of the project site confidential?	Yes, protect information; do	not list.						
	X Not confidential; information	can be made available to the public.	l'					
I certify that the facility that received assists Opportunities for Persons with AIDS Prograbove. I also certify that the grant is still se leveraged resources and all other requireme	am has operated as a facility to a rving the planned number of HO nts of the Loan Agreement are b	ssist HOPWA-eligible persons from PWA-eligible households at this eing satisfied.	om the date shown facility through					
I hereby certify that all the information stated he. Name & Title of Authorized Official		ided in the accompaniment herewith, ature & Date (mm/dd/yy)	is true and accurate.					
Betsy Lieberman X		10 0 0/1						
Organization of Authorized Official	Addr	ess, Telephone. and Email Contact	14/2001					
Building Changes		2014 East Madison, Suite 200, Seattle, WA 98122 Email: <u>Amy.Brickley@BuildingChanges.org</u> , Phone: 206.805.6124						
10								
Name & Title of Contact at Grantee Agency	Cont	act Phone (with area code)						

City of Seattle Human Services Department

James Betts, HOPWA Grant/Program Specialist

Certification of Continued Usage for HOPWA-Funded Facility-Based Stewardship Units

Grantees that use HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years, or the stewardship term specified by the City of Seattle Loan Agreement for the project identified below, whichever is greater. If non-substantial rehabilitation funds were used they are required to operate for at least three years. Stewardship begins once the facility is put into operation.

1. General information	- 3				
HUD Grant Number(s)		Operating Year for this report	From (mm/dd/yy) To (mm/dd/yy)		
WA H07-F001					
		☐ Yr 1; ☐ Yr 2; ☐ Yr 3; ☐ Yr 4; ☐ Yr 5; ☐ Yr 6; ☐ Yr 7; ☐ Yr 8; ☐ Yr 9; X Yr 10;			
2. Number of Units and Leveraging					
Housing Assistance	250 380 N N NN N		Amount of Leveraging from Other Sources Used during the Operating Year		
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to applicable use periods	0	2			
3. Details of Project Site					
Name of HOPWA-funded project site	Newporter Apartme	ents			
Location/Full Address	5900 119th Avenue S	E, Bellevue WA 98006, units A12	& C100		
Primary Housing Developer (Grantee Agency responsible for City Loan contract compliance regarding this Project)	using Developer (Grantee Agency for City Loan contract compliance Building Changes (AIDS		<u> </u>		
Legal Property Owner	King County Housin	ng Authority			
Project Zip Code(s) and Congressional District(s)	98006; 7th Cong. Di	ist.			
Is the address of the project site confidential?	Yes, protect information	on; do not list. mation can be made available to the public.			
I certify that the facility that received assist: Opportunities for Persons with AIDS Progr above. I also certify that the grant is still se leveraged resources and all other requireme I hereby certify that all the information stated he.	ance for acquisition, rehabi am has operated as a facilit riving the planned number onts of the Loan Agreement	litation, or new construction from the F ty to assist HOPWA-eligible persons from the HOPWA-eligible households at this are being satisfied.	om the date shown facility through		
Name & Title of Authorized Official	rein, as weii as any injormano	Signature & Date (mm/dd/yy)	is true and accurate.		
		x Beth 3/6/2009			
Organization of Authorized Official		Address, Telephone. and Email Contact	. 7		
		2014 East Madison, Suite 200, Seattle, WA 98122 Email: <u>Amv.Brickley@BuildingChanges.org</u> , Phone: 206.805.6124			
8	1				
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)		Contact Phone (with area code) City of Seattle Human Services Department			

Certification of Continued Usage for HOPWA-Funded Facility-Based Stewardship Units

1. General information					
HUD Grant Number(s)		Operating Year for this report	From (mm/dd/yy) To (mm/dd/yy)		
WA H07-F001		☐ Final Yr			
2 A		\square Yr 1; \square Yr 2; \square Yr 3; \square Yr 4; \square Yr 5; \square Yr 6;			
		☐ Yr 7; ☐ Yr 8; ☐ Yr 9; X	Yr 10;		
Grantee Name City of Seattle, Human Services Department		Date Facility Began Operations (n 10/8/98	Date Facility Began Operations (mm/dd/yy) 10/8/98		
2. Number of Units and Leveraging	*	18			
Housing Assistance	Number of Units Receive Housing Assistance wit HOPWA funds		Amount of Leveraging from Other Sources Used during the Operating Year		
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to applicable use periods	0	2			
3. Details of Project Site					
Name of HOPWA-funded project site	Timberwood Apartm	ents			
Location/Full Address	3809 148 th Avenue NI	E Bellevue WA 98007, units 1083	8 & 1089		
Primary Housing Developer (Grantee Agency responsible for City Loan contract compliance regarding this Project)					
Legal Property Owner	King County Housing	g Authority			
Project Zip Code(s) and Congressional District(s)	98007; 7th Cong. Dis	t.			
Is the address of the project site confidential?	Yes, protect information X Not confidential; informa	; do not list. ution can be made available to the public.			
I certify that the facility that received assists Opportunities for Persons with AIDS Prograbove. I also certify that the grant is still se leveraged resources and all other requireme	am has operated as a facility rving the planned number of nts of the Loan Agreement a	to assist HOPWA-eligible persons from the HOPWA-eligible households at this are being satisfied.	om the date shown facility through		
I hereby certify that all the information stated he. Name & Title of Authorized Official		provided in the accompaniment herewith, Signature & Date (mm/dd/yy)	is true and accurate.		
Betsy Lieberman X		11	3/6/2000		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Address, Telephone. and Email Contact	dress, Telephone. and Email Contact		
Building Changes 2014		2014 East Madison, Suite 200, Seattle, WA 98122 Cmail: <u>Amv.Brickley@BuildingChanges.org</u> , Phone: 206.805.6124			
Name & Title of Contact at Grantee Agency (person who can answer questions about the repo		Contact Phone (with area code) City of Seat			
James Betts, HOPWA Grant/Program Specialist		Human Services Department 206-684-0273			

Certification of Continued Usage for HOPWA-Funded Facility-Based Stewardship Units

1. General information	1.0	×		
HUD Grant Number(s)		Operating Year for this report	From (mm/dd/yy) To (mm/dd/yy)	
WA H07-F001		☐ Final Yr		
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		20 20 20 20 20 20 20 20 20 20 20 20 20 2		
		☐ Yr 7; ☐ Yr 8; ☐ Yr 9; X	Yr 10;	
Grantee Name City of Seattle, Human Services Department	artment	Date Facility Began Operations (n 10/8/98	nm/dd/yy)	
2. Number of Units and Leveraging				
Housing Assistance	Number of Units Receiv Housing Assistance wit HOPWA funds		Amount of Leveraging from Other Sources Used during the Operating Year	
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to applicable use periods	0	2		
3. Details of Project Site		9		
Name of HOPWA-funded project site	Woodside East Apar	tments		
Location/Full Address	16240 NE 14 th Street,	, Bellevue WA 98008, units M10	5 & R101	
Primary Housing Developer (Grantee Agency responsible for City Loan contract compliance regarding this Project)			2 S	
Legal Property Owner	King County Housing Authority			
Project Zip Code(s) and Congressional District(s)	98008; 7th Cong. Dis	st.		
Is the address of the project site confidential?	Yes, protect information	ı; do not list.		
	X Not confidential; informa	ation can be made available to the public.		
I certify that the facility that received assist Opportunities for Persons with AIDS Prograbove. I also certify that the grant is still se leveraged resources and all other requirement	am has operated as a facility erving the planned number of ents of the Loan Agreement	to assist HOPWA-eligible persons from the HOPWA-eligible households at this are being satisfied.	om the date shown facility through	
I hereby certify that all the information stated he Name & Title of Authorized Official			is true and accurate.	
		Signature & Date (mm/dd/yy)		
Betsy Lieberman X		7,700		
Organization of Authorized Official Address, Telephone. and Email Contact Building Changes 2014 East Madison, Suite 200, Seattle, WA 981 Email: Amy.Brickley@BuildingChanges.org, Phone: 206.8				
,			8	
Name & Title of Contact at Grantee Agency	T	Contact Phone (with area code)		
(person who can answer questions about the repo		City of Scattle		
James Betts, HOPWA Grant/Program Specialist		Human Services Department		

Certification of Continued Usage for HOPWA-Funded Facility-Based Stewardship Units

, F				
1. General information				
HUD Grant Number(s)		Operating Year for this report	From (mm/dd/yy) To (mm/dd/y)	
WA H07-F001				
		☐ Final Yr	1/1/2008 to 12/31/2008	
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		☐ Yr 7; ☐ Yr 8; ☐ Yr 9; Y		
Grantee Name City of Seattle, Human Services Depa		Date Facility Began Operations (n	nm/dd/yy)	
City of Seattle, Human Services Depa	artment	7/10/2003		
	6	Land Parameter Commence		
2. Number of Units and Leveraging	-			
Housing Assistance	Number of Units Receiving Housing Assistance with	Number of units set aside and operating with other funds	Amount of Leveraging from Other Sources Used during	
200 - 500-00 - 27 tale - 01 - 01 - 010-018-018-018-018-018-018-018-018-018-	HOPWA funds		the Operating Year	
Stewardship units (developed with HOPWA funds but no current operations or other				
HOPWA costs) subject to applicable use	0	6		
periods				
3. Details of Project Site				
Name of HOPWA-funded project site	Shirley Bridge Bungalov	vs		
Location/Full Address	4027 59th Avenue SW, Se	eattle WA 98116, units 1-6		
Primary Housing Developer (Grantee Agency responsible for City Loan contract compliance	Building Changes (AIDS	Housing of Washington)		
regarding this Project)				
Legal Property Owner	Building Changes (AIDS	Housing of Washington)		
Project Zip Code(s) and Congressional District(s)	ZIP Code: 98116; 7th Cong.	Dist.		
Is the address of the project site confidential?	Yes, protect information; do	not list.		
	X Not confidential; information	can be made available to the public.		
I certify that the facility that received assists Opportunities for Persons with AIDS Prograbove. I also certify that the grant is still se leveraged resources and all other requireme	am has operated as a facility to a rving the planned number of HO nts of the Loan Agreement are b	assist HOPWA-eligible persons from DPWA-eligible households at this being satisfied.	om the date shown facility through	
I hereby certify that all the information stated he. Name & Title of Authorized Official		vided in the accompaniment herewith, ature & Date (mm/dd/yy)	is true and accurate.	
		1. 1.		
Betsy Lieberman	X	18/200		
Organization of Authorized Official	Add	ldress, Telephone. and Email Contact		
Building Changes 201		2014 E Madison, Suite 200, Seattle, WA 98122		
5 6		nail: Amy.Brickely@BuildingChang		

Name & Title of Contact at Grantee Agency	Contact Phone (with area code)
(person who can answer questions about the report and program)	City of Seattle
000C AZ 0000 M M3-400A M 1 9/20-000-92	Human Services Department
Jim Betts, HOPWA Grant/Program Specialist	206-684-0273

Name & Title of Contact at Grantee Agency

Jim Betts, HOPWA Grant/Program Specialist

(person who can answer questions about the report and program)

Certification of Continued Usage for HOPWA-Funded Facility-Based Stewardship Units

Grantees that use HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years, or the stewardship term specified by the City of Seattle Loan Agreement for the project identified below, whichever is greater. If non-substantial rehabilitation funds were used they are required to operate for at least three years. Stewardship begins once the facility is put into operation.

1. General information			
HUD Grant Number(s)		Operating Year for this report From (mm/dd/yy) To (mm/dd/yy)	
WA H07-F001		☐ Final Yr	1/1/2008-12/31/2008
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		☐ Yr 7; ☐ Yr 8; ☐ Yr 9; Yr	r 10;
Grantee Name		Date Facility Began Operations (m	ım/dd/yy)
City of Seattle, Human Services Depa	rtment	11/30/2004	
2. Number of Units and Leveraging			4
Housing Assistance	Number of Units Receiving Housing Assistance with HOPWA funds	Number of units set aside and operating with other funds	Amount of Leveraging from Other Sources Used during the Operating Year
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to applicable use periods	0	4	\$18,387.25
3. Details of Project Site	4		
Name of HOPWA-funded project site	Judkins Park Apartme	nts	10.00 p 1.00 p
Location/Full Address	1123, 1129, 1133 23rd Avenue	South, Seattle WA 98144	
Primary Housing Developer (Grantee Agency responsible for City Loan contract compliance regarding this Project)	Housing Resources Gro	oup	
Legal Property Owner	Judkins Part LLC		
Project Zip Code(s) and Congressional District(s)	ZIP Code: 98144	7 th Cong. Dist.	
Is the address of the project site confidential?	Yes, protect information; d	o not list.	
		on can be made available to the public.	***************************************
I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the Loan Agreement are being satisfied.			
I hereby certify that all the information stated her Name & Title of Authorized Official			is true and accurate.
Lee Murray, Deputy Director, HR		ignature & Date (mm/dd/yy) WAYYWWW 3/9/09 Address, Telephone. and Email Contact	
Organization of Authorized Official	Ad	dress, Telephone. and Email Contact	
Housing Posonwass Crown		1651 Bellevue Avenue; Seattle WA 98122	
Housing Resources Group	Re	eporting contact: Donna Van Zandt 206-957-2705; dvz@hrg.org	
			/

Contact Phone (with area code)

City of Seattle

Human Services Department

Jim Betts, HOPWA Grant/Program Specialist

Certification of Continued Usage for HOPWA-Funded Facility-Based Stewardship Units

Grantees that use HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years, or the stewardship term specified by the City of Seattle Loan Agreement for the project identified below, whichever is greater. If non-substantial rehabilitation funds were used they are required to operate for at least three years. Stewardship begins once the facility is put into operation.

1. Communications					
1. General information HUD Grant Number(s)		Operating Year for this report F	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy)		
WA H07-F001		☐ Final Yr ☐ Yr 1; ☐ Yr 2; ☒ Yr 3;	1/1/2008-12/31/2008		
Grantee Name		Date Facility Began Operations	(mm/dd/yy)		
City of Seattle, Human Services Depa	artment	2/22/2006			
2. Number of Units and Leveraging					
Housing Assistance	Number of Units Receivi Housing Assistance with HOPWA funds		Amount of Leveraging from Other Sources Used during the Operating Year		
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to applicable use periods	0	4	\$16461.82		
3. Details of Project Site	-				
Name of HOPWA-funded project site	Genesee Housing				
Location/Full Address	4425 MLK Way South,	Seattle WA 98108			
Primary Housing Developer (Grantee Agency responsible for City Loan contract compliance regarding this Project)	Housing Resources G	roup			
Legal Property Owner	Genesee L.P.				
Project Zip Code(s) and Congressional District(s)	ZIP Code: 98108; 7 th C	Cong. Dist.			
Is the address of the project site confidential?	☐ Yes, protect information ☐ Not confidential: inform	; do not list. ation can be made available to the publi	c.		
I certify that the facility that received assists Opportunities for Persons with AIDS Prograbove. I also certify that the grant is still se leveraged resources and all other requireme	ance for acquisition, rehabili am has operated as a facility riving the planned number of onts of the Loan Agreement a	tation, or new construction from the to assist HOPWA-eligible persons HOPWA-eligible households at the being satisfied.	Housing from the date shown is facility through		
I hereby certify that all the information stated he. Name & Title of Authorized Official		provided in the accompaniment herewith Signature & Date (mm/dd/yy)	h, is true and accurate.		
Lee Murray, Deputy Director, HRG		WA Mun	ay 3/9/09		
Organization of Authorized Official Add		Address, Telephone. and Email Contact 1651 Bellevue Avenue; Seattle WA 98122 206-957-2705; dvz@hrg.org			
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)		Contact Phone (with area code) City of S Human Services			

Certification of Continued Usage for HOPWA-Funded Facility-Based Stewardship Units

facility is put into operation.				
1. General information				
HUD Grant Number(s)		Operating Year for this report Fre	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy)	
WA H07-F001		☐ Final Yr		
		☐ Yr 7; ☐ Yr 8; ☐ Yr 9; Yr 10;		
Grantee Name		Date Facility Began Operations (mm/dd/yy)		
City of Seattle, Human Services D	epartment	10/1/2008		
2. Number of Units and Leveraging	4			
Housing Assistance	Number of Units Receiv Housing Assistance wit HOPWA funds		Amount of Leveraging from Other Sources Used during the Operating Year	
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to applicable use periods	0	18	\$113,897	
3. Details of Project Site	,			
Name of HOPWA-funded project site	Kenyon House			
Location/Full Address	3936 South Kenyon Str	eet, Seattle WA 98108		
Primary Housing Developer (Grantee Agency responsible for City Loan contract compliance regarding this Project)				
Legal Property Owner	KENYON & BOZEN	MAN LP		
Project Zip Code(s) and Congressional District(s)	ZIP Code: 98108; 7 th (Cong. Dist.		
Is the address of the project site confidential?	☐ Yes, protect information	n; do not list.		
	Not confidential; inform	nation can be made available to the public.		
I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the Loan Agreement are being satisfied.				
I hereby certify that all the information stated herein, as well as any information pro		on provided in the accompaniment herewith, is true and accurate. Signature & Date (mm/dd/yy)		
Name & Title of Authorized Official Lee Murray, Deputy Director, HRG		u A Munay 3/17/09		
Organization of Authorized Official	1	Address, Telephone. and Email Contact		
		1651 Bellevue Avenue; Seattle WA 98122 Reporting contact: Donna Van Zandt 206-957-2705; dvz@hrg.org		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		0 / 170 / 10 10		

Name & Title of Contact at Grantee Agency	Contact Phone (with area code)	
(person who can answer questions about the report and program)	City of Seattle	
	Human Services Department	
Jim Betts, HOPWA Grant/Program Specialist	206-684-0273	

Certification of Continued Usage for HOPWA-Funded Facility-Based Stewardship Units

Grantees that use HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years, or the stewardship term specified by the City of Seattle Loan Agreement for the project identified below, whichever is greater. If non-substantial rehabilitation funds were used they are required to operate for at least three years. Stewardship begins once the facility is put into operation.

1. General information					
HUD Grant Number(s)		Operating `	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy)		
HUD #WAH07-F001		X 01/01/2008-12/31/2008			
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Grantee Name	S 60	Date Facili	ty Began Operations (m	nm/dd/yy)	
City of Seattle, Human Services D	epartment	X 09/2	2002		
200 340 0.00 0.00000 0.00		1			
2. Number of Units and Leveraging					
Housing Assistance	Number of Units Receiving Housing Assistance with HOPWA funds	[-0.000 mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/	of units set aside and ng with other funds	Amount of Leveraging from Other Sources Used during the Operating Year	
Stewardship units (developed with HOPWA					
funds but no current operations or other HOPWA costs) subject to applicable use periods	0	X	1	X	
3. Details of Project Site					
Name of HOPWA-funded project site	18 th Avenue Apartm	ents			
Location/Full Address	1532 18 th Avenue, Seattle	e WA 98122	2		
Primary Housing Developer (Grantee Agency responsible for City Loan contract compliance regarding this Project)					
Legal Property Owner	Capitol Hill Housing (Cl	HH)			
Project Zip Code(s) and Congressional District(s)	ZIP Code: 98122; 7 th	Cong. Dist.			
Is the address of the project site confidential?	Yes, protect information; do	not list.			
,	X Not confidential; informat	ion can be mad	le available to the publi	с.	
I certify that the facility that received assistance for acquisition, rehabilitation Opportunities for Persons with AIDS Program has operated as a facility to a above. I also certify that the grant is still serving the planned number of HO leveraged resources and all other requirements of the Loan Agreement are be		assist HOPW OPWA-eligib being satisfied	A-eligible persons from the households at this discount in the second sec	om the date shown facility through	
I hereby certify that all the information stated her Name & Title of Authorized Official		vided in the accompaniment herewith, is true and accurate. ature & Date (mm/dd/yy)			
		1/ he			
X Chris Persons, Executive Director X Organization of Authorized Official Addi		dress, Telephone, and Email Contact			
		X 1406 10 th Ave. Suite 101 Seattle, WA 98122 206-329-7303 cpersons@chhip.org			
Name & Title of Contact at Grantee Agency		tact Phone (w	ith area code)		
(person who can answer questions about the repo			City of Sea Human Services D		
Jim Betts, HOPWA Grant/Program Specialist		206-684-0273			

Certification of Continued Usage for HOPWA-Funded Facility-Based Stewardship Units

1. General information				
HUD Grant Number(s)		Opera	ting Year for this report Fro	om (mm/dd/yy) To (mm/dd/yy)
HUD #WAH07-F001		□Fi	nal Yr	X <u>01/01/2008-12/31/2008</u>
		□ Yı	1;	Yr 4; Yr 5; Yr 6;
		□ Yı	7; 🗆 Yr 8; X Yr 9; 🗀	Yr 10;
Grantee Name		Date	Facility Began Operations (m	nm/dd/yy)
City of Seattle, Human Services D	epartment	X	11/1999	
2. Number of Units and Leveraging				,
Housing Assistance	Number of Units Receivin Housing Assistance with HOPWA funds		ber of units set aside and rating with other funds	Amount of Leveraging from Other Sources Used during the Operating Year
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to applicable use periods	6	X	0	X
3. Details of Project Site			382	
Name of HOPWA-funded project site	Villa Apartments			
Location/Full Address	1106 Pike Street, Se	attle WA	98101	
Primary Housing Developer (Grantee Agency responsible for City Loan contract compliance regarding this Project)	Capitol Hill Housing			
Legal Property Owner	Capitol Hill Housing	(CHH)		
Project Zip Code(s) and Congressional District(s)	ZIP Code: 98101;	7 th Cong. 1	Dist.	
Is the address of the project site confidential?	Yes, protect information,		e made available to the publi	ic.
I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the Loan Agreement are being satisfied.			Housing om the date shown facility through	
I hereby certify that all the information stated her	ein, as well as any information	provided in t	he accompaniment herewith,	is true and accurate.
		Signature & Date (mm/dd/yy)		
X Chris Persons, Executive Dir		X Address, Telephone. and Email Contact		
		X 1406 10 th Ave. Suite 101 Seattle, WA 98122 206-329-7303 cpersons@chhip.org		
Name & Title of Contact at Grantee Agency (person who can answer questions about the repo		Contact Phone (with area code) City of Seattle		
Jim Betts, HOPWA Grant/Program Specialist		Human Services Department 206-684-0273		